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Linda	Johnson	$\overline{}$	(Signature)
JUNE 7	2604		(Dule)

APPLICATION NO.	FILING DATE	DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO		CONFIRMATION NO.	
10/060,955	01/29/2002	Peter R. David	SYRTECH 5002-C6	8686	

TITLE OF INVENTION: MICROFLUIDIC METHOD EMPLOYING DELIVERY OF PLURAL DIFFERENT FLUIDS TO SAME LUMEN

CFR 1.363). O Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. O "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. I mames of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member 1 registered attorney or agents of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	appln. Type	SMALL ENTITY	ISSUE FI	2E	Publication Fee	TOTAL	. FEE(S) DUE	DA	TE DUE
EXAMINER KUNEMUND, ROBERT M 1765 117-068000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address or indication of "Fee Address" (37 pagents) or 3 registered patent attorneys or agents. If no name is histed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of satignee data is only appropriate when an assignee the printed of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)	nonprovisional	-YES NO	\$665	1,330	\$300				23/2004
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)	CFR 1.363). Change of correspond Aidress form PTO/SB/1 "Fee Address" indicate PTO/SB/47; Rev 03-02	ence address (or Change of (22) attached.	Correspondence	names of agents OR firm (bavi- agent) and attorneys o	up to 3 registered part, alternatively, (2) the ranges a member a regist the names of up to 2 or agents. If no name is	ent attorneys or same of a single tered attorney or registered patent	1 <u>DAV</u>	D J. (DEITZ
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